

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049250

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 338

Primary Registration District No. 4501

Registrar's No.

FILED DEC 21 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Stoddard</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Stoddard</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bloomfield</i>		c. CITY OR TOWN <i>Bloomfield</i>	
Length of stay in 1b yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>At Family home</i>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Edward</i> Middle <i>Charles</i> Last <i>Perkins</i>		4. DATE OF DEATH Month <i>Dec.</i> Day <i>4</i> , Year <i>1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 27-89</i>
9. AGE (last birthday) <i>73</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Mill Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Feed Mill</i>	
11. BIRTHPLACE (City and state or country) <i>Murphysboro, Ill</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Henry Perkins</i>		13b. MOTHER'S MAIDEN NAME <i>Eliza Pointer</i>	
14. NAME OF HUSBAND OR WIFE <i>Ollie Perkins</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>	
16. SOCIAL SECURITY NO. <i>[Redacted]</i>		17. INFORMANT Address <i>Mrs. Ed Perkins, Bloomfield, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>7:30</i> a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <i>11-27-62</i> to <i>12-4-62</i> and last saw her alive on <i>12-2-62</i> Death occurred at <i>7:30 p.m.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Ralph Rehm, M.D.</i>		22b. ADDRESS <i>Bloomfield Mo.</i>	
22c. DATE SIGNED <i>12-6-62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec. 6-62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bloomfield cemetery</i>	23d. LOCATION (City, town, or county) <i>Bloomfield, Missouri</i>
24. FUNERAL DIRECTOR <i>Chiles Und. Co., Bloomfield, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>12-10-62</i>	
26. REGISTRAR'S SIGNATURE <i>Benio S. Leggett</i>			

DEC 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

& by Lulu Cooper 3499

Student Embalmer No. 3499

~~working under direct supervision.~~

Student _____

Signature of Student Embalmer

Signed

Juan C. Cooper

Licensed Embalmer No. 4779

P. O. Address Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.